

2753

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Barnes

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11366

-62-044802  
STATE FILE NUMBER1. PLACE OF DEATH  
a. COUNTY  
FILED DEC 7 1962b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN  
St. LouisLength of stay in 1b  
1 DAYc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION  
Barnes HospitalInside Limits  
Yes ☒ No ☐c. CITY  
OR TOWN  
Panamad. STREET ADDRESS  
(If outside, give location)Inside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LLOYD

EDGAR

ROYER, JR.

4. DATE  
OF DEATH

Month

Day

Year

Nov. 25, 1962

5. SEX  
Male6. COLOR OR RACE  
White7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3-22-429. AGE (last birthday)  
20IF UNDER 1 YEAR  
Months Days Hours Min.IF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
LABORER10b. KIND OF BUSINESS OR INDUSTRY  
LUMBER YARD11. BIRTHPLACE (City and state or country)  
GRISHAM TOWNSHIP, ILL.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

LLOYD L. ROYER

13b. MOTHER'S MAIDEN NAME

JUANITA WALL

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JUANITA ROYER, PANAMA, ILL.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subdural Hemorrhage

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Hemorrhage into lateral ventricle

DUE TO (c)

of Brain; suffered in

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.

825.9-33

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Auto accident in vicinity of20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.Month, Day, Year  
11-24-62

Greenville, Ill. on or about Nov. 24, 1962

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)  
75 Highway20f. CITY, TOWN, OR LOCATION  
COUNTY  
STATE  
Cause and Manner of same could not  
be determined.

Open Verdict

21. I attended the deceased from

to

and last saw her alive on

Death occurred at 7:38 P.M.

XXXXXX m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor Carver

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

11/26/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)23b. DATE  
NOV. 28, 6223c. NAME OF CEMETERY OR CREMATORY  
SUNNYSIDE23d. LOCATION (City, town, or county)  
SORENTO, ILLINOIS

(State)

24. FUNERAL DIRECTOR

ADDRESS

PERFETTI, FUNERAL HOME SORENTO, ILL.

25. DATE RECD. BY LOCAL REG.

NOV 27 1962

26. REGISTRAR'S SIGNATURE

Helen L. Taylor M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

2793

872072

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Not Embalmed, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. Ill. 7145

P. O. Address East St. Louis, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.